

The approval and verification of this ICLB will automatically cancel any previous ICLB in effect for this individual for this time period.

COMPUTER INSTRUCTIONS for the PDF version of the INDIVIDUAL COMMUNITY LIVING BUDGET (ICLB)

The ICLB should be completed sequentially, so that the self-computing process works properly. Therefore, page 1 should be completed first, then page 2, and so on. Some pages of the form have "recalculate" buttons. If at anytime you go backwards in the form or if you are afraid the form is in error, pointing at or pressing this button will force the form to "re-do the math."

Since some ICLB fields automatically complete themselves, they cannot be filled in. This data is gathered from other fields, computed, and automatically placed in these fields. This saves time and increases the mathematical accuracy of each ICLB.

The Daily Rate Calculator *(found on the Service Planner)*

DUE TO CHANGES IN POLICY, starting July 1st, 2003, the Daily Rate
for Residential Habilitation and Support will be calculated using only:

Residential Habilitation and Support (more than 35 hours/week), and
Community Habilitation and Participation (either Group or Individual)

For the daily rate calculator to work, there must be service units in both of these service areas on the Service Worksheet page 2. If necessary, the service units can be zero.

Then on the Service Planner, type in the number of days that are in a service week for the individual. The daily rate calculator then takes the numbers and calculates out a daily rate and a monthly total. Take these numbers and type them onto the Services Worksheet page on the Daily Rate line.

The dollar amounts for the individual services will reset to blank and only the daily rate you manually transferred to the Services Worksheet from the calculator will affect the total reflected on the summary page.

The provider responsible for assisting the individual in managing his/her resources and/or the Targeted Case Manager is expected to assist the individual/guardian in applying for all benefits for which the individual may be eligible as soon as possible after beginning services. When the individual's income or benefits increase or decrease for a period lasting more than two (2) months, the administering agency responsible for managing the individual's resources is expected to submit a new ICLB to reflect the situation.

The ICLB is a **budget** only. The monthly voucher that the provider presents to DDARS/BDDS and FSSA/Financial Management must be supported by the actual receipts of expenditures for the month; the voucher is to be for **reimbursement of actual expenses**. *Do not submit an ICLB, BMR, or RLAS as or with billing vouchers.*

PLEASE BE SURE TO FULLY READ THE INSTRUCTIONS FOR COMPLETION OF THE ICLB

If you do not have the Instructions for Completion, please contact your local BDDS District Office for a copy.

INDIVIDUAL COMMUNITY LIVING BUDGET - WORKSHEET Page 1

Last Name of Individual First Name Middle Name DATE ICLB Starts: Length of ICLB:

I. INDIVIDUAL'S ASSETS

Bank Acct(s)	Account Balance(s)	Bank Name(s)	Date(s)
1. Checking			
2. Savings			
3. Other:			

4. SUBTOTAL

Other Assets	Cash Value
5. Real Property	
6. Securities	
7. Trust Fund/Annuity/Burial Trusts	
8. Personal Property	
9. Other (Explain)	

10. SUBTOTAL

11. TOTAL ASSETS (Item 4 + Item 10)

** If available assets are above \$1500, the issue of Medicaid eligibility needs to be addressed.

II. INDIVIDUAL'S MONTHLY INCOME AND BENEFITS

1. Net earned income
2. Earned Income Incentive
3. Income Balance
4. SSI
5. SSDI
6. Pension/Annuity
7. Food Stamps / EBT
8. Hud / Section 8 Supplement
9. Other (Explain)

10. TOTAL MONTHLY INCOME/BENEFITS

III. MONTHLY LIVING EXPENSES

Monthly Living Expenses are intended to address the basic needs of the individual to enable him/her to live and participate in the community. The cost of the Monthly Living Expenses for the home must be shared by **all** persons living within the home, whether a service recipient or not. The ICLB must reflect **only the amount of the total costs that is the responsibility of the individual and not the total for the home.**

1. Housing (Actual Cost)
2. Utilities
3. Telephone
4. Groceries
5. Personal Necessities
6. Property Insurance
7. Medical - Not Insured
8. Other

10. RLA Administration

(maximum of 5% of subtotaled Living Expenses)

11. Medicaid Spend Down

If the individual is currently receiving less than \$1,635 in services through the DD Waiver, do NOT enter an amount in the Medicaid Spend Down box.

12. TOTAL Monthly Living Expenses

13. Total Monthly RLA Amount

(Expenses minus Income/Benefits)

14. Average Daily RLA amount (based on calendar year)

15. TOTAL RLA for duration of this ICLB:

9. Subtotal of Expenses

*SUB TOTAL may not exceed 150% of poverty level for a single individual.

INDIVIDUAL COMMUNITY LIVING BUDGET - WORKSHEET Page 2

Attach "Service Planner" for individual and all roommates.

Enter the number of units expected to be needed by the consumer in an average month. Use only whole units: no fractions or decimals. If not all of the budgeted service is provided, the provider must bill for only the actual services provided and future ICLBs should be adjusted accordingly.

IV BDDS Services

	<u>Rate</u>	<u>Per Unit</u>	<u>Units</u>	<u>Total</u>
Adult Day Services, Level I	\$20.90	½ day		
Adult Day Services, Level I	\$1.31	¼ hour		
Adult Day Services, Level II	\$27.43	½ day		
Adult Day Services, Level II	\$1.71	¼ hour		
Adult Day Services, Level III	\$32.66	½ day		
Adult Day Services, Level III	\$2.04	¼ hour		
Adult Foster Care - (AFC), Level I	\$1,500.00	month		
Adult Foster Care - (AFC), Level II	\$2,250.00	month		
Adult Foster Care - (AFC), Level III	\$3,000.00	month		
Adult Foster Care - (AFC), Level IV (Individual rate, set by DDARs)		month		
Applied Behavioral Analysis (Specifically for individuals with Autism)	<i>This service is not yet available through the ICLB</i>			
Behavioral Support Services	\$17.38	¼ hour		
Case Management ~ <i>has been removed as a service on the ICLB, as of July 1, 2003</i>				
Children's Foster Care - (CFC), Level I	\$1,500.00	month		
Children's Foster Care - (CFC), Level II	\$2,250.00	month		
Children's Foster Care - (CFC), Level III	\$3,000.00	month		
Children's Foster Care - (CFC), Level IV (Individual rate, set by DDARs)		month		
Community Based Sheltered Employment	<i>This service is not yet available through the ICLB</i>			
Community Habilitation and Participation: Community Based, Group	\$6.68	Hour		
Community Habilitation and Participation: Community Based, Individual	\$27.58	Hour		
Community Habilitation and Participation: Facility Based, Group	<i>This service is not yet available through the ICLB</i>			
Community Habilitation and Participation: Facility Based, Individual	<i>This service is not yet available through the ICLB</i>			
Crisis Assistance Services (rate set by DDARs)		Day		
Facility Based Sheltered Employment	<i>This service is not yet available through the ICLB</i>			
Health Care Coordination	\$48.06	per Unit		
Independence Assistance Services (IAS), Level I	\$750.00	month		
Independence Assistance Services (IAS), Level II	\$1,000.00	month		
Music Therapy Service	\$10.78	¼ hour		

Monthly Subtotal of services budgeted on this page:

A Comparison Service Planner must be attached if Foster Care services are requested on this ICLB.

Continue to the next page for more Services

INDIVIDUAL COMMUNITY LIVING BUDGET - WORKSHEET Page 3

Attach "Service Planner" for individual and all roommates.

Enter the number of units expected to be needed by the consumer in an average month. Use only whole units: no fractions or decimals. If not all of the budgeted service is provided, the provider must bill for only the actual services provided and future ICLBs should be adjusted accordingly.

IV BDDS Services

<u>Service Name</u>	<u>Rate</u>	<u>Per Unit</u>	<u>Units</u>	<u>Total</u>
Nutritional Counseling Services	\$14.47	¼ hour		
Occupational Therapy	\$17.99	¼ hour		
Personal Emergency Response System Supports, Monthly	\$52.07	Monthly		
Physical Therapy Services	\$18.12	Monthly		
Pre-Vocational Services	<i>This service is not yet available through the ICLB</i>			
Recreational Therapy	\$10.78	¼ hour		
Rent/ Food for Unrelated Live-In Caregiver	<i>Actual cost, with a maximum amount of \$545/month</i>			
Residential Habilitation and Support <i>(Use Service Planner to calculate daily rate)</i>				
-The daily rate is encouraged, as it combines RHS services and Community Habilitation and Participation services.		Day		
Residential Habilitation and Support, if more than 35 hours/week	\$17.59	Hour		
Residential Habilitation and Support, if fewer than 35 hours/week	\$19.49	Hour		
Residential Habilitation and Support, QMRP				
-Less than 35 hours per week of RHS but also up to 10 hours <i>per month</i> of services provided directly by a QMRP.	\$24.49	Hour		
Respite Care, Group Setting	\$5.99	Hour		
Respite Care, Personal Assistance	\$16.00	Hour		
Respite Care, LPN	\$23.64	Hour		
Respite Care, RN	\$31.14	Hour		
Specialized Medical Equipment and Supplies, Monthly		Monthly		
Specialized Medical Equipment and Supplies, Assessment, Training	\$17.99	¼ hour		
Speech and Language Therapy	\$18.12	¼ hour		
Supported Employment Services	<i>This service is not yet available through the ICLB</i>			
Therapy, Group	\$4.81	¼ hour		
Therapy, Family	\$17.27	¼ hour		
Therapy, Individual	\$15.45	¼ hour		

Transportation moneys may be used for local bus passes.

Transportation, Round Trip (\$8.91 per Roundtrip, Maximum of \$276.21.)

Transportation, Round Trip (\$2.00 per Roundtrip, Maximum of \$62.00.)

If the Individual receives 24-hour supervision:

Transportation, Residential, Level I (No Vehicular Modification)

@28 cents a mile, maximum amount of \$150/month

Transportation, Residential, Level II (Vehicular Modification)

@56 cents a mile, maximum amount of \$300/month

Monthly Subtotal of services budgeted on this page:

Continue to the next page for more Services and total Services costs

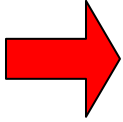
Please note: It is not acceptable to have several individuals in a group with 1:1 staff; the ratio for group activities is a minimum of 1 staff for a maximum of 8 consumers.

INDIVIDUAL COMMUNITY LIVING BUDGET - WORKSHEET Page 4

Attach "Service Planner" for individual and all roommates.

Use only whole units: no fractions or decimals. If not all of the budgeted service is provided, the provider must bill for only the actual services provided and future ICLBs should be adjusted accordingly.

IV BDDS Services Continued:



These services are **not budgeted as monthly** services; some have specific dollar limitations and some are time-related. Please read the description for each service carefully and in the Totals field, list the total dollar amount you are requesting. This amount will cover the entire length of the ICLB. For billing purposes, the total cost of these services is averaged and added into the Monthly Service cost of the ICLB.

<u>Service Name</u>	<u>Description</u>	<u>Totals</u>
Community Education/ Therapeutic Activity	Actual cost, with a maximum amount of \$1,000 per year.	
Environmental Modification Supports, Initial	Actual cost, with a maximum amount of \$15,000 per lifetime.	
Environmental Modification Supports, Maintenance	Actual cost, with a maximum amount of \$300 per year.	
Family and Caregiver Training	Actual cost, with a maximum amount of \$2000 per year.	
Person Centered Planning Facilitator Services	This service is not yet available through the ICLB	
Personal Emergency Response System	Actual cost, once at <u>Initial</u> Installation, with a maximum amount of \$52.07.	
Specialized Medical Equipment and Supplies	Actual cost, once at <u>Initial</u> Installation.	

Subtotal of services on this page:

Monthly average for services on this page:

Total Monthly Costs of all Services (pages 1, 2, 3):

Total Cost of Services for Duration of this ICLB:

Average Daily Cost of Services for this ICLB: (Based on calendar year)

SERVICE PLANNER

DATE ICLB Starts:

Length of ICLB:

NAME: LAST

FIRST

Months

ROOMMATE NAME(S)

	MON	TUE	WED	THU	FRI	SAT	SUN	
6:00								6:00
7:00								7:00
8:00								8:00
9:00								9:00
10:00								10:00
11:00								11:00
NOON								NOON
1:00								1:00
2:00								2:00
3:00								3:00
4:00								4:00
5:00								5:00
6:00								6:00
7:00								7:00
8:00								8:00
9:00								9:00
10:00								10:00
11:00								11:00
MIDNIGHT								MIDNIGHT
1:00								1:00
2:00								2:00
3:00								3:00
4:00								4:00
5:00								5:00

Residential Habilitation and Support Day Rate calculator *

This rate includes Community-Based Habilitation; the individual must have more than 35 hours of Residential-Based Habilitation to qualify for this amount.

Days in a service week:

Res Hab Daily Rate (x)

Weekly Total (=)

Weeks in a month (x) 4.3

Monthly Total (=)

Service:	
# hrs./wk.	
x units/hr.	
=	
x wks/mo.	4.3
=	
x Unit Rate	
=	

Service:	
# hrs./wk.	
x units/hr.	
=	
x wks/mo.	4.3
=	
x Unit Rate	
=	

Service:	
# hrs./wk.	
x units/hr.	
=	
x wks/mo.	4.3
=	
x Unit Rate	
=	

* If the Daily Rate is entered on the Services Worksheet - Page 2 of this ICLB, then no hours of Community Based Habilitation and Participation or Residential Habilitation and Support may be budgeted separately on this ICLB.

Comparison Service Planner

This planner is not required if you are not requesting Foster Care on this ICLB.

To demonstrate the cost effectiveness of Foster Care services, this Comparison Service Planner must be submitted in addition to the Service Planner. The Comparison Service Planner must document what services an individual would utilize if Foster Care services were not available.

NAME _____, Date ICLB Starts: _____ and lasts _____ months

MON	TUE	WED	THU	FRI	SAT	SUN
-----	-----	-----	-----	-----	-----	-----

6:00								6:00
7:00								7:00
8:00								8:00
9:00								9:00
10:00								10:00
11:00								11:00
NOON								NOON
1:00								1:00
2:00								2:00
3:00								3:00
4:00								4:00
5:00								5:00
6:00								6:00
7:00								7:00
8:00								8:00
9:00								9:00
10:00								10:00
11:00								11:00
MIDNIGHT								MIDNIGHT
1:00								1:00
2:00								2:00
3:00								3:00
4:00								4:00
5:00								5:00

This Comparison Service Planner must be included with any ICLB that requests Foster Care services.

Division of Disability, Aging and Rehabilitative Services
Bureau of Developmental Disabilities Services

Budget Modification Request (BMR) for *Adjustment Of Services*

The Budget Modification Request (BMR) form is to be used by the provider agency to immediately notify the District Office of an individual an individual needing any additional short term services. Except in the case of emergencies, the BMR must be submitted prior to the actual provision of services or as soon as there is identification that additional supports are necessary. A BMR may not be used to extend an ICLB.

The BMR is to cover no more than a **two (2) month period**. If the need for the additional supports will exceed the two (2) month period, the ICLB must be revised.

Prepared

By:

Phone:

Agency:

A. Individual Covered by Community Living Budget

1. Last Name: 2. First Name: BDDS District
3. Date of Birth: 4. Medicaid Number: 5. Social Security Number:
6. Street Address: City: Zip:

B. ICLB and Services Information

This BMR is for the ICLB that Started And is to begin and last 1 Month 2 Months

REMINDER: The BMR cannot be used to add services to an ICLB. The services being modified must already be provided through the current ICLB. The BMR is for unit modification purposes only.

Currently Receiving:

Additional being Requested:

Units per Month Dollars

Units per Month Dollars

Service to Modify:

1. Residential Habilitation and Support

1a. Less than 35 hours/week

\$19.49

Hour

1b. More than 35 hours/week

\$17.59

Hour

2. Health Care Coordination

\$48.06

Hour

3. Behavior Management

\$17.38

¼ hour

IF CURRENTLY RECEIVING Independence Assistance Services (IAS), you may request additional Residential Habilitation and Support hours for ONE (1) month only. If a dollar amount is not showing in the IAS total column, check to make sure the BMR is set to 1 month.

4. Residential Habilitation and Support

4a. More than 35 hours/week

\$17.59

Hour

TOTAL Monthly Cost of all **Current** Services (from ICLB Summary Page, section B)

Total Monthly Cost of all Services **being added thru this BMR** (this page, Items 1 thru 3,4)

NEW TOTAL MONTHLY COST of Services for the duration of this BMR only.

C. BMR Justification and Notes (add Additional Sheets, if Necessary)

D. Signatures and Approvals

Provider Representative Name

Provider Representative Signature

Date Signed

BDDS Service Coordinator Signature

Date Signed

BDDS Manager Signature

Date Signed

☐ Approved

Denied ☐

☐ Approved

Denied ☐

The BMR should be sent to BFS/Central Office by the BDDS District Office, not the provider.

BDDS Central Office Authorization

Date Signed

BFS Central Office Authorization

Date Signed

☐ Approved

Denied ☐

☐ Approved

Denied ☐

Division of Disability, Aging and Rehabilitative Services
Bureau of Developmental Disabilities Services

Residential Living Allowance Supplement

The Residential Living Allowance Supplement (RLAS) form is to be used by the provider agency to immediately notify the District Office of an individual needing any additional RLA funds. The RLAS must be submitted as soon as there is identification that additional RLA funds are necessary. Only one (1) RLAS may be approved for a single ICLB. If additional funds are needed and an RLAS has already been submitted for the current ICLB, a new ICLB must be submitted. An RLAS may not be submitted an ICLB that was approved with no RLA dollars.

Prepared By:
Agency:

Phone:

Email:

A. Individual Covered by Community Living Budget

1. Last Name: 2. First Name: BDDS District
3. Date of Birth: 4. Medicaid Number: 5. Social Security Number:
6. Street Address: City: Zip:

B. RLA and ICLB Information

This RLAS is for the ICLB that started

Date the RLAS is requested:

Current Total RLA Amount for the period of this ICLB (from ICLB Summary):

Additional RLA Amount Being Requested: +

New Total Residential Living Allowance for the remainder of this ICLB:

New Daily Average (New Total RLA ÷ 365):

C. RLA Justification (add Additional Sheets if Necessary) and Signatures

--	--	--	--

--	--	--

--	--	--	--

☐ Approved

Denied ☐

☐ Approved

Denied ☐

The RLAS should be sent to BFS/Central Office by the BDDS District Office, not the provider.

--	--	--	--

BDDS Central Office Authorization

Date Signed

BFS Central Office Authorization

Date Signed

☐ Approved

Denied ☐

☐ Approved

Denied ☐

INDIVIDUAL COMMUNITY LIVING BUDGET - ADDENDUM: Justifications

WORKSHEET FOR INDIVIDUAL COMMUNITY LIVING BUDGET Community Transition Services (formerly "Start-Up")

This type of support is available **only for the individual moving into community based services** and not for subsequent moves within the community. Costs must be itemized. Receipts must be maintained for review. The items purchased become the property of the individual. Costs may include housing deposits, utility deposit/hook-up, furniture, linens, and clothing. Community Transition Services has a **maximum limit of \$1000** and **is not** to be used for the purchase of appliances.

Last Name:

First Name:

DATE ICLB Starts:

Length of ICLB:

Months

1. Housing Deposit
2. Utility Deposit(s)/Hook-up(s)
3. Furnishings
4. Clothing
5. Other (explain)

Maximum of \$1,000

6. Total One-Time Community Transition Costs

(Enter on Summary page of Initial ICLB)

Justification and Notes for Community Transition Services

For subsequent moves in the community, it is expected that the individual's share of deposits (for utilities, security deposit, etc.) will transfer to the new residence. The individual may need to budget for some expenses related to moving. Community Transition funds are for the **initial** move into the community only and shall not be approved for any subsequent move.

IF the individual is receiving Community Transition funds as a waiver service, then no Community Transition funds may be approved through the ICLB

This page MUST be attached to an ICLB to be approved.

INDIVIDUAL COMMUNITY LIVING BUDGET - ADDENDUM: Justifications Page 1 of 4

Last

First

ICLB Starts

And Lasts

Months

Written justification of the following, as applicable, is required for consideration of a budget. See ICLB instructions or Policy Manual for additional information and guidelines. Use N/A if the question is not relevant to this ICLB.

Attach additional paper if necessary.

a. Why does the individual require 24-hour supervision?

b. Assure that health and safety needs are met:

c. How do the individual's needs drive the ISP and budget?

Last

First

ICLB Starts

And Lasts

Months

Written justification of the following, as applicable, is required for consideration of a budget. See ICLB instructions or Policy Manual for additional information and guidelines. Use N/A if the question is not relevant to this ICLB.

Attach additional paper if necessary.

d. Why does the individual require high levels of staff supervision?

e. Why does the individual not have a housemate?

f. What steps are being taken to reduce the individual issues that require high levels of service planning?

Last

First

ICLB Starts

And Lasts

Months

Written justification of the following, as applicable, is required for consideration of a budget. See ICLB instructions or Policy Manual for additional information and guidelines. Use N/A if the question is not relevant to this ICLB.

Attach additional paper if necessary.

g. What is the individual's refinancing status:

h. Explain any required adjustment in benefits:

i. If there are excess assets, explain why they cannot be used :

Last

First

ICLB Starts

And Lasts

Months

Written justification of the following, as applicable, is required for consideration of a budget. See ICLB instructions or Policy Manual for additional information and guidelines. Use N/A if the question is not relevant to this ICLB.

Attach additional paper if necessary.

j. Justify exceeding the written guidelines and expectations as set out in the ICLB's Instructions for Completion:

k. Why is this ICLB being submitted late?

Any ICLB submitted after the expiration date of the current ICLB or after new services have already begun is considered late and requires justification.

l. Why does the individual have a zero amount listed as income and/or why does the individual have an amount lower than the allowable benefits listed as benefits?

INDIVIDUAL COMMUNITY LIVING BUDGET - ADDENDUM: Discretionary Funds

Last First ICLB Starts And Lasts Months

These Personal Discretionary Funds have been discussed with the Support Team and the following actions will be taken (or purchases made) in order to improve the individual's quality of life.

List the activity or activities in which the individual will participate or list the planned purchases that the individual will be able to make as a result of the individual's Earned Income Incentive, lump sum payment, or balance of income that exceeds the residential living expenses.

Include ALL Earned Income Incentive funds, lump sum payments, and any surplus income.

Monthly Activity or Purchase	\$Amount
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	

TOTAL:

This total should equal the amount shown on Worksheet page 1 of this ICLB.